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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RP*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<i>Law Offices</i> Examiner's Signature	<i>RP</i> Initials			

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## TITLE

Pneumatic lumbar support and method for developing improved lower back range of motion

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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